



Illinois State USBC Association
OUTSTANDING YOUTH VOLUNTEER
NOMINATION FORM

Nominee's Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: (_____) _____ Email (if known) _____

Local USBC Association: _____

Bowling Center(s) affiliation: _____

Registered Volunteer expiration date: _____

Please write a statement describing what your nominee has accomplished to foster, organize/support and promote certified youth bowling programs at the local, state and/or national level. Please include documentation of items supporting your nomination, such as nominee's prior recognitions through awards, articles, letters, etc. Please be specific. (Use additional sheet, if needed.) _____

Nominator's name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: (_____) _____ Email: _____

Your affiliation/relationship with the nominee: _____

Please sign and date: _____ Date _____

Please attach any letters of recommendation (i.e. Association Board members, employers, clergy, etc.)

Mail to:

Outstanding Youth Volunteer
Patti Mauerman
25765 Eastpoint Rd., Tremont, IL 61568
pattimauerman@gmail.com

THE DEADLINE FOR FILING AN APPLICATION FOR CONSIDERATION IS OCTOBER 1, 2026.